

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

December 15, 2015

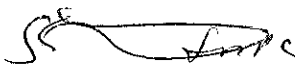
Ms. Emma Burke, Manager
Emma's Place
212 North Main St
Wallingford, VT 05773

Dear Ms. Burke:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 18, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



PRINTED: 12/01/2016
FORM APPROVED

Division of Licensing and Protection

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|--|---|---|--|--------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0816 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 11/18/2015 |
| NAME OF PROVIDER OR SUPPLIER EMMA'S PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 212 NORTH MAIN ST WALLINGFORD, VT 05773 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X8) COMPLETE DATE | |
| R100 | Initial Comments: An unannounced onsite re-licensure survey was completed on 11/18/15 by the Vermont Division of Licensing and Protection. The following regulatory violations were found. | R100 | | | |
| R113 SS=C | V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.a Involuntary Discharge or Transfer of Residents (1) An involuntary discharge of a resident is the removal of the resident from a residential care home when the resident or the resident's legal representative has not requested or consented in advance to the removal. A transfer is the removal of the resident from the room the resident currently occupies to another room in the home or to another facility with an anticipated return to the home. An involuntary discharge or transfer may occur only when: I. The resident's care needs exceed those which the home is licensed or approved through a variance to provide; or II. The home is unable to meet the resident's assessed needs; or III. The resident presents a threat to the resident's self or the welfare of other residents or staff; or IV. The discharge or transfer is ordered by a court; or V. The resident has failed to pay monthly charges for room, board and care in accordance with the admission agreement. This REQUIREMENT is not met as evidenced | R113 | ADMISSION AGREEMENT HAS BEEN AMENDED TO INCLUDE EXACT LANGUAGE FROM REGULATORS MANUAL. A COPY OF AGREEMENT WAS PROVIDED TO ALL GUARDIANS FOR THEIR FILES, AND A RETURN COPY FOR SIGNATURE SENT W/ STAMPED RETURN ENVELOPE, FOR SIGNATURE AND RETURN. | 12/4/15 | |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

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If continuation sheet 1 of 6

R113 - R302 POCs accepted 12/15/15 meath-nrn/pmc

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| R113 | Continued From page 1 by: Based on staff interview and record review, the home included non-allowed reasons for potential involuntary discharge in its admission agreements for 3 of 3 applicable residents in the sample. (Residents #1, 2 and 3). Findings include: Pre review of the Admission Agreements for Residents # 1, 2, and 3, all agreements contained the same non-allowed potential reasons the resident may be issued an involuntary discharge from the home. The language was not in accordance with the 5 reasons stated in the Vermont "Residential Care Home Licensing Regulations". The non-allowed reasons for involuntary discharge listed in the admission agreements of the 3 sampled residents was confirmed during interview with the Manager on the afternoon of 11/18/15. | R113 | | | |
| R169 SS=D | V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Staff responsible for assisting residents with medications must receive training in the following areas before assisting with any medications from the licensed nurse: (1) The basis for determining "assistance" versus "administration". (2) The resident's right to direct the resident's own care, including the right to refuse medications. (3) Proper techniques for assisting with medications, including hand washing and checking the medication for the right resident, | R169 | Agreement complete and signed. | | 12/1/15 |

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If continuation sheet 2 of 8

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| R169 | <p>Continued From page 2</p> <p>medication, dose, time, route.</p> <p>(4) Signs, symptoms and likely side effects to be aware of for any medication a resident receives.</p> <p>(5) The home's policies and procedures for assistance with medications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that all staff administered medications in accordance with infection prevention protocols related to hand hygiene for 1 applicable resident in the sample. (Resident #1) Findings Include:</p> <p>Per observation on 11/18/15 at 11:45 AM, the caregiver who administered medication via a gastrostomy tube (GT) to Resident #1 failed to adhere to universal precautions regarding hand hygiene after administration of the medication. The staff member was observed to don gloves, per facility Tube Feeding Policy, prior to administration of the medication via GT, mix the medication, attach the syringe to the GT, flush the tube and administer the medication and flush, then remove the syringe and re-attach the feeding tube. The staff member then failed to remove the soiled gloves and sanitize hands prior to touching other items in the room, including putting away supplies, handling the cabinet locks and handles and touching various other items, potentially spreading contaminants throughout the room.</p> <p>The failure to perform appropriate hand hygiene after administration of the medication was confirmed with the staff member, the Manager, and the Registered Nurse (RN). During a telephone interview after the observation, the RN confirmed that the caregiver should have</p> | R169 | <p>UNIVERSAL PRE-CAUTIONS HAVE LONG BEEN IN PLACE. HOUSE MANAGER AND RN ARE WORKING IN TANDON TO CLARIFY THE EXISTING PROCEDURES AND DO ON-HOPE TRAINING AND MONITORING OF STAFF DOCUMENTING UNIVERSAL PRE-CAUTIONS</p> | <p>JUSTIN L. [Signature] 11/18/15 Gmell/ Phone w/ RN + Supervisor 12/10/15</p> | |

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If continuation sheet 3 of 6

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| R169 | Continued From page 3 removed the gloves and sanitized hands prior to touching other areas and items in the area. | R169 | | | |
| R252 SS=E | VII. NUTRITION AND FOOD SERVICES 7.2 Food Storage and Equipment 7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to assure that all areas of the kitchen and food storage areas were kept clean. Findings include: Per observations of the kitchen and food storage areas of the home on 11/18/15 at 9:45 AM, the following areas were not clean: the outside and inside of the kitchen cabinets had visible soiling and some shelves were not painted or sealed to allow for easy cleaning; the 2 refrigerators used for resident foods were noted to have soiled shelves and side walls and bins, and dried up, small vegetable pieces were seen in the vegetable bins. Per interview during the tour, the manager of the home confirmed that there was no cleaning schedule to address how frequently various areas of the kitchen must be cleaned to maintain a sanitary environment. | R252 | | | |
| R266 SS=B | IX. PHYSICAL PLANT 9.1 Environment | R266 | ALL REFRIGERATORS AND CABINETS HAVE BEEN COMPLETELY CLEANED AND SIGNS HAVE BEEN POSTED. STAFF HAVE BEEN TRAINED AND OBLIGATED TO KEEP UP SCHEDULE OF CLEANING COORDINATED WITH DAILY SCHEDULE OF TAKING FREEZER/FRESH TEMPL. | 12/1/15 | |

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If continuation sheet 4 of 8

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| R266 | Continued From page 4 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that all areas of the home were maintained in a sanitary and homelike manner. Findings include: Per observation during a tour of the home on 11/18/15 at 8:30 AM, the following areas were noted to have visible soiling and/or excessive clutter: 1. The activity room had visible dust accumulations on the open shelves and table tops. 2. Resident #1's room had visible dust on tables, bureau tops and other open surfaces. There were several boxes and bins stored on the floor in front of the closet, clothing in disarray stored on shelves, bedding not put away so that the room was not homelike and comfortable. These observations were confirmed with the Manager of the home at the time of the tour. | R266 | Resident Room has been completely re-organized, hooks have been put up to allow for hanging items, all dusted and cleaned. Manager has designated staff and self to perform these tasks on a scheduled basis | 12/2/15 | |
| R302 SS=E | IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on | R302 | Completed 12/7/15 see next page for NARRATIVE | 12/7/15 | |

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If continuation sheet 5 of 6

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| R302 | <p>Continued From page 5</p> <p>at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that fire drills were conducted at the required times of the day, per Vermont Residential Care Home Licensing Regulations. Findings include:</p> <p>Per review of the fire drill logs and reports for the last 12 months previous to the date of survey, the home failed to conduct a fire drill during the night time hours as stated in the Vermont Residential Care Home Licensing Regulations. The requirement states that fire drills "shall rotate times of day among morning, afternoon, evening, and night". The lack of the night time drill was confirmed during interview with the Manager on the afternoon of 11/18/15.</p> | R302 | <p>MANAGER HAS DESIGNS (EXPANDED) SYSTEM DONE FIRE DRILLS DURING ALL TIMES OF DAY</p> <p>12 MONTH - 6AM 6AM - 12 NOON 12 NOON - 6PM 6PM - 12AM.</p> <p>STAFF HAVE BEEN GIVEN ADDITIONAL TRAINING AND DRILLS WILL BE CONDUCTED RANDOMLY AMONGST THESE SHIFTS EVERY 2 MONTHS.</p> <p>NEW DRILLS ARE COMPLETE, DOCUMENTED AND ON FILE AS OF 12/7/15 IN ADDITION TO THE YEAR'S WORTH OF DRILLS ON FILE</p> | 12/7/15 | |

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If continuation sheet 6 of 8

H. Baker 12/10/15